

FY 2001 Title I Capital Expense Application

Fiscal Year 2001
New Jersey Department of Education
Improving America's School Act (IASA)
Title I Capital Expense Application

SUBMIT TO
COUNTY OFFICE
AND OGMD

Title Page

1. LEA:	1a. Project Code: TICE ____-01
2. Chief School Administrator:	2a. Telephone Number:
3. Project Director:	3a. Telephone Number:
4. Address:	4a. County Name:
	4b. County Code:
5. Number of Private School Children Served:	5a. Amount of Funds Requested:
6. Project Duration: 9/1/2000 to 8/31/2001	6a. Board Approval Date:

Assurances and Certification

The applicant hereby assures the NJDOE that:

1. All policies, procedures, programs and the administration of programs in the LEA are consistent with the Improving America's Schools Act of 1994, the Education Department General Administration Regulations (EDGAR), and other applicable statutes, regulations, program plans and applications.
2. The LEA agrees to abide by the Public School Contracts Law, *N.J.S.A. 18A: 18A et seq.* and other relevant state statutes and regulations.
3. The LEA has consulted with the appropriate private school officials prior to making decisions regarding capital expenses and development of this application. Documentation of this consultation is on file in the LEA.
4. The LEA will use funds received under the application to cover capital expenses incurred in providing equitable Title I services to private school students.
5. The LEA will account separately for payments received under this application for capital expenses.
6. Lease purchase agreements must be consistent with *N.J.A.C. 6:22A et seq.*, Approval of Lease Purchase Agreement.

I certify that the information contained in this application is correct and complete and that the LEA has authorized me, as its representative, to give the above Assurances and to file this application.

Typed Name of Chief School Administrator

Signature of Chief School Administrator

Date

DIRECTIONS FOR COMPLETING TITLE PAGE

Project Code: Enter the LEA's 4-digit code.

Items 1-4b: Complete all identifying information.

Item 5: Enter the number of private school children who will be served by this project.

Item 5a: Enter the amount of Title I Capital Expense funds requested.

Item 6a: Enter the date of the board of education's approval for the submission of this application. The submission of a board of education resolution is not required unless the application is submitted prior to the board approval date.

Assurances and Certification

Assurances and certification are required for receiving funds under the Title I Capital Expense program. This certification must be signed and dated by the Chief School Administrator.

Fiscal Year 2001

New Jersey State Department of Education IASA Title I Capital Expense Application Budget Statement

LEA: _____ COUNTY: _____ PROJECT CODE: TICE____-01

EXPENDITURE CATEGORY	FUNCTION & OBJECT CODES	TITLE I CAPITAL EXPENSES
INSTRUCTION		
Salaries of Teachers	100-101	
Other Salaries for Instruction	100-106	
Purchased Prof. & Tech. Services	100-300	
Other Pur. Serv. (400-500 series)	100-500	
Tuition	100-560	
General Supplies	100-610	
Textbooks	100-640	
Other Objects	100-800	
SUBTOTAL INSTRUCTION		
SUPPORT SERVICES		
Sal. of Supervisors of Instruction	200-102	
Sal. of Program Directors	200-103	
Sal. of Other Professional Staff	200-104	
Sal. of Secretarial & Clerical Assist.	200-105	
Other Salaries	200-110	
Personal Serv. - Employee Benefits	200-200	
Purchased Prof. - Ed. Services	200-320	
Other Purchased Prof. Services	200-330	
Purchased Technical Services	200-340	
Rentals	200-440	
Contracted Services - Transport. Other Than Betw. Home & School	200-516	
Travel	200-580	
Other Pur. Serv. (400-500 series)	200-590	
Supplies and Materials	200-600	
Indirect Costs	200-860	
Other Objects	200-890	
SUBTOTAL - SUPPORT SERVICES		
FACILITIES ACQ & CONSTR SERV		
Buildings (Use charge)	400-720	
Instructional Equipment	400-731	
Non-instructional Equipment	400-732	
SUBTOTAL - FAC ACQ & CONSTR		
TOTAL		

LEA-Business Administrator Signature _____ Date _____

DIRECTIONS FOR COMPLETING THE BUDGET STATEMENT

Complete the LEA Name and Project Code.

Enter the amount budgeted for each of the expenditure categories for the activities supported by the project.

- All entries must be in whole dollars.
- The budgeted amounts in each category on the Budget Statement must match the subtotals for the expenditure categories itemized on the Budget Detail.
- The Total must be equal to Item 5a on the Title Page.
- The LEA Business Administrator signature and date are required.

New Jersey Department of Education
IASA Title I Capital Expense Application

Budget Detail

LEA_____

Project Code: TICE_ _ _ _ - 01

EXPENDITURE CATEGORIES			TITLE I CAPITAL EXPENSES
EXPENDITURE CATEGORY	FUNCTION/OBJECT CODES	DESCRIPTION/ITEMIZATION	BUDGET
TOTAL:			

LEA-Business Administrator Signature: _____ Date: _____

DIRECTIONS FOR COMPLETING BUDGET DETAIL

1. Complete the LEA Name and Project Code.
2. List the budget categories and function/object codes in the same order as they appear on the Budget Statement.

Note: Categorize costs according to the Uniform Minimum Chart of Accounts.

3. List/describe the item(s) to be funded in each category.
4. Enter the amount budgeted for each category.
5. The LEA-Business Administrator signature and date are required.